



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Labor & Workforce Development  
Division of Occupational Safety  
399 Washington Street, 5<sup>th</sup> Floor  
Boston, MA 02108  
(617)727-7047 (800) 425-0004 (MA Only)  
Fax (617)727-7568  
Homepage: [www.state.ma.us/dos](http://www.state.ma.us/dos)

APPLICATION FOR LICENSURE AS AN  
**ASBESTOS CONTRACTOR**

(In accordance with the provisions of  
M.G.L. c. 149, §. 6-6F and 453 CMR 6.05)

**FOR DOS USE ONLY**

**9** Initial Application  
License # \_\_\_\_\_

**9** Renewal Application  
Issue Date \_\_\_\_\_

Reviewer \_\_\_\_\_

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

**1. APPLICANT INFORMATION**

Company Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Website Address www. \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Business Location (Street) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

**2. THE APPLICANT IS:**

<input type="checkbox"/>	An Individual/Sole Proprietorship	<input type="checkbox"/>	An Unincorporated Association
<input type="checkbox"/>	A Corporation	<input type="checkbox"/>	A Partnership
<input type="checkbox"/>	A Limited Liability Company	<input type="checkbox"/>	Other (Specify)

**3. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:**

- a.** List all names, acronyms or other identifiers by which the applicant does or has done business, the address(es) and telephone number(s) of the business.
- b.** A list of the states in which the applicant holds a current license, certification, accreditation, or other approval for Asbestos Work.
- c.** A list of the names and addresses of all Asbestos Abatement firms or entities in which the Responsible Person(s) of the applicant have or have had a financial interest or management responsibility.
- d.** With respect to the business named in paragraph 1 of this application:  
*Corporations* - A copy of the Corporate Articles of Organization/Foreign Corporation Certificate (Annual Report if renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of State.  
*LLC's* - A Certificate of Organization (Annual report for renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of State  
*Sole Proprietorships* - A Business Certificate issued by the town the company is located in.

- e. If applicants have employees they must provide evidence that Asbestos Work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program. The Certificate of Insurance must include the assigned policy number, the WC code 5472 or 5473 or other indication that asbestos operations are covered under the policy, and list the Division of Occupational Safety with the proper address as the certificate holder. If applicant has no employees they must submit a notarized statement to that effect.
- f. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.

g. **WORKER PROTECTION INFORMATION**

- (1) A written respirator program evidencing compliance with 29 CFR Part 1910.134.
- (2) Written procedures for complying with OSHA or EPA personal monitoring requirements.
- (3) A written description of a medical monitoring program evidencing compliance with 453 CMR 6.15(4) or 29 CFR 1926.1101, as applicable.

4. **RESPONSIBLE PERSON(S) AND TRAINING**

- (A) A list of the names, license numbers and addresses of all Responsible Persons and managers of the applicant who have primary responsibility for, and control over, Asbestos Work of the applicant.

- (B) Asbestos training certificates or legible copies thereof, indicating that each Responsible Person or manager of the applicant listed pursuant to 453 CMR 6.05(1)(a)9. has successfully completed the applicable initial and refresher training requirements for Asbestos Supervisors specified by 453 CMR 6.10(2), 6.10(4)(c) and/or 453 CMR 6.10(5).

NAME	COURSE TITLE	NAME , ADDRESS OF TRAINING PROVIDER	DATE OF COURSE COMPLETION

5. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the annual fee of \$2,050.** If the Director denies, revokes, suspends or refuses to renew the License for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

6. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, \_\_\_\_\_, \_\_\_\_\_, do hereby state,  
(Print Name) (Title)  
under the pains and penalties of perjury, that my firm has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support. (M.G.L. c. 62c, § 49A).  
I further state, under the pains and penalties of perjury, that I that all employees to be engaged in Asbestos Work are certified, or will be certified prior to any work being performed by them, pursuant to the requirements of 453 CMR 6.00.  
I further state, under the pains and penalties of perjury, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(FOR OFFICIAL DOS USE ONLY)

	ITEMS APPROVED BY:	DATE:
FEE RECEIVED		
TRAINING CERTIFICATES		
WORKERS COMPENSATION		
ART OF ORG/ANNUAL REPORT/DBA		
COPIES OF ALL VIOLATIONS		
WORKER PROTECTION APPROVAL (Stamp)		
APPL. COMPLETE - OK TO ISSUE		

07/2003